

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, November 28, 2012 in Room 200 of the Northern Building – 305 East Walnut Street, Green Bay, Wisconsin

Present: Chair Patrick Evans, Pat La Violette, Dan Robinson, Dan Haefs
Excused: Bradley Hopp
Also Present: Brian Shoup, Tim Schmitt, Jeremy Kral, Kevin Lunog, Don Johnson, John Paul, media, other interested parties,

I. **Call Meeting to Order.**

The meeting was called to order by Vice Chair Robinson at 6:00 p.m.

II. **Approve/Modify Agenda.**

Motion made by Supervisor Haefs, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. **Approve/Modify Minutes of October 23, 2012.**

Motion made by Supervisor La Violette, seconded by Supervisor Haefs to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Comments from the Public

None.

Report from Human Services Chair, Patrick Evans

Evans stated that he had attended a meeting of the Criminal Justice Coordinating Board recently at which discussion was had regarding starting a mental health treatment court. Judge Zuidmulder will form a committee consisting of the Sheriff, Jail Commander, Human Services Director, District Attorney, Probation and Parole and others from the community to explore this. He will keep the Committee updated in this regard.

1. **Review Minutes of:**

- a. Aging & Disability Resource Center of Brown County Board (October 25, 2012).
- b. Aging & Disability Resource Center of Brown County Personnel and Policy Cmte. (October 25, 2012).
- c. NE Wisconsin Family Care Board of Directors (September 7, 2012).
- d. Veterans Recognition Subcommittee (October 16, 2012).

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to suspend the rules and take Items 1 a-d together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to receive and place on file Items 1 a-d. Vote taken. MOTION CARRIED UNANIMOUSLY

Communications

2. **Communication from Supervisor Sieber re: To direct the Human Services Department to work with the National Association of Counties (NACo) in promoting the NACo Prescription Discount Card Program to Brown County residents, non-profits and other Brown County Departments and to authorize the County Executive or his staff to sign Brown County up for the \$1 marketing reimbursement fee option. *Motion at September meeting: Hold until the November meeting.***

Motion made by Supervisor Robinson, seconded by Supervisor Haefs to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Health Department

3. **Recommendation to Amend Chapter 38 Public Nuisance Ordinance, (4)(2)(a)(ii) Odor Violations to change the number of verifiable complaints that would initiate a citation from (the current) three (3) to two (2) verifiable complaints. *Motion at September Meeting: To send back to staff with the goal to look at different options, specific tools, and other avenues of action, and that an update from Sanimax and the Health Department be brought to the November meeting including what has been done and what steps are planned to solve the problem in the future.***

John Paul from the Health Department was in attendance and reported that they did meet with the Board of Health and the Board of Health was comfortable with the ordinance in its present form. They have had some success with four major companies that have gone through remediation. Evans stated that Supervisor Hopp asked that this be held until the next meeting as he was unable to attend this meeting and he had some ideas he would like considered.

Motion made by Supervisor Haefs, seconded by Supervisor Robinson to suspend the rules to allow interested parties to speak. Vote taken. MOTION CARRIED UNANIMOUSLY

-Don Johnson, VP of US Operations for Sanimax, addressed the Committee. He stated that he would like to update the Committee as to what Sanimax has done since the last meeting. He reported that Sanimax had hired a nationally recognized air control expert to come in and look at the air quality system they have in place. This expert spent three days in the facility and did different testing techniques on the equipment in place. As a result of this testing, six recommendations were made to improve the effectiveness of Sanimax's air quality system. They are now in the process of implementing these six suggestions. As they go through each step, they circle back with their external consultant with the results of the action and show progress that they have made. Johnson continued that based upon the six steps to implement, they should be able to complete the entire process including implementing, testing and base-lining by spring. Evans asked Johnson if he had any documentation he wished to submit for the record and Johnson stated that he will provide documentation in the next several days.

La Violette thanked Johnson for his report and the work Sanimax is doing on this issue. Robinson asked Johnson if Sanimax has met with the Health Department since the last meeting and he indicated that they have met with John Paul. Robinson asked Johnson if it was his desire that the ordinance not be changed and Johnson stated that that was his desire.

Evans stated that he appreciated the steps that have been taken and will be taken and stated that he will be interested to see the progress. Evans was disappointed, however, with how Sanimax has been over the last ten years although they have done some installments and changes and at this time he will give Sanimax the benefit of the doubt that appropriate changes will be made. He did question why Sanimax had a public relations firm at the meeting and Johnson responded that it was his understanding that the meeting was open to the public and anybody was able to attend.

Motion made by Supervisor Haefs, seconded by Supervisor Robinson to return to regular order of business. Vote taken. MOTION CARRIED UNANIMOUSLY

La Violette stated that she wished to go on record saying that she felt we have an excellent Health Board made up of intelligent people with great integrity, several of whom she knows well. She felt that the Health Board takes all of these types of issues very seriously and do their homework well and she is more than willing to support the Health Board's recommendation.

Evans stated that he has also spoken with the Board of Health and they were disappointed because at the previous meeting they had reduced the ordinance to two complaints and they were disappointed with the Committee actions. The Board of Health felt that the Human Services Committee slighted them because they had done a great deal of work on this issue.

Robinson stated that no slight was intended to the Board of Health and it was his opinion that the slight would have been to reject the ordinance, but this was not done. What was asked for was more time and he felt that that request was reasonable. The intention from the meeting was to send back to staff to look for other options. He asked John Paul to relay to the Health Board that no slight nor disrespect was intended.

Motion made by Supervisor Robinson, seconded by Supervisor La Violette to place this item on the next Human Services meeting agenda. Vote taken. MOTION CARRIED UNANIMOUSLY

Human Services Department

4. Executive Director's Report.

Human Services Director Brian Shoup provided the Committee with background information regarding the resolution referenced as Item 5. He stated that they have been working on an alternative to the use of State corrections for juvenile offenders. An initiative has been developed which is being called an alternative protocol. It is being called an alternative protocol rather than a program because it will bring a flexible array of services that are custom made to meet the needs of juvenile offenders. Shoup continued that this is a cooperative partnership between the Human Services Department and the Sheriff's Office as well as CESA 7 and will provide local treatment dispositions using the Brown County Juvenile Detention Facility in lieu of

incarceration at Lincoln Hills Correctional Facility. The Human Services Department is responsible for all costs whenever a juvenile is placed in a State correctional institution. Shoup believes this alternative will save approximately \$100,000 annually. Shoup continued that in order to implement this alternative, the State Statutes require a resolution by the County Board to allow placement in juvenile detention for up to three months. Currently statutes restrict the County to one month.

This has been in the works for more than a year and Shoup stated that they are excited about it and they like the fact that it is a partnership. He also stated that he has spoken with Chair Evans with a request for an introduction to the CESA 7 leadership as Evans has an affiliation with that organization. CESA 7 is one of a number of cooperative educational services around the state that serves different regions of school districts and provides a variety of services many smaller rural districts cannot provide. They also serve larger school district such as the Green Bay school district. Shoup was intrigued as to what CESA 7 may be able to offer because the education piece in providing these services to juveniles will be very important.

Shoup continued that after a number of planning sessions, they are ready to go with implementing this protocol. He explained that the monetary savings are derived in that the County is responsible for the full cost of any juvenile placed at Lincoln Hills. The County receives community based dollars from the State and has a lot of latitude as to how to spend the dollars. These dollars can be spent to cover the costs of placement at Lincoln Hills or can be spent to develop community based resources. Shoup stated that the State has cut the resources and will probably cut them further this coming biennium and he also noted that the per diems have been steadily increasing at the same time.

Robinson asked if there was a cap on the amount of time a juvenile can spend at Lincoln Hills and Shoup responded that when a court commits a juvenile to the state correctional system, Brown County loses control of the juvenile during the duration of placement. Further, the County loses control over the length of stay which averages about 12 months. What is being proposed is length of stays in the alternative program of no more than three months. Shoup wished to make it clear that implementing this initiative would not eliminate all placements at Lincoln Hills. There are some offenders that would not be appropriate candidates for this initiative but based on discussions with the stakeholders it is believed that this plan will divert anywhere from six to 12 placements per year at Lincoln Hills. Currently there are 12 or more placements per year at Lincoln Hills and this plan would cut that by approximately one half to one third.

Shoup also noted that it is important to provide services to these juvenile offenders in an attempt to prevent them from re-offending as adults. In order to do this, the families of the offenders need to be involved. One of the problems with the state correctional system is that they have had very large and increasing deficits over the years and two of the three juvenile facilities have been closed and services have been consolidated at Lincoln Hills which is located in Irma, Wisconsin, between Merrill and Tomahawk. This has created problems when it comes to providing services to families in that travel is often difficult. Shoup believes that a better job of helping these juvenile can be done by keeping them in Brown County.

La Violette applauded Shoup for coming up with the program and stated she felt it sounded excellent. Evans wished to reiterate that when Brown County loses control during juvenile

incarceration, the County still has to pay for the incarceration. He explained that one of the reasons it would be beneficial to have someone kept here rather than sent to Lincoln Hills is that sometimes juveniles can learn more detrimental behavior there due to the rest of the population. Keeping these juveniles in Brown County is typically a better environment where families and other resources are near.

Shoup continued his report by referring to his handout, a copy of which is attached. In addition to the items included in the report, Shoup indicated that there will be a child abuse and neglect summit on December 14. This came about when the child abuse and neglect numbers started rising. The summit will be attended by the Human Services Director, Human Services Committee Chair, County Executive and Mayor and there have also been more than 60 invitations sent out on a selective basis to various non-profits, schools, law enforcement, etc. This summit is being held because it is clear that even with the investments that the County Board has made in the effort to expand Human Services staff to deal with these increases, solutions still need to be found with a particular focus on prevention. It is Shoup's intent that this summit be for a working group and not a media splash.

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

5. **Resolution re: To Authorize the Use of Placement in a Juvenile Detention Facility as a Disposition under Wis. Stat. § 938.34.**

Motion made by Supervisor La Violette, seconded by Supervisor Haefs to approve. Vote taken. Ayes: Robinson, Hopp, Haefs, La Violette; Abstain: Evans. MOTION CARRIED

6. **Mental Health Clinic Waitlist Reduction Strategy.**

Director of Community Programs Jeremy Kral and CTP Clinic Support Services Unit Coordinator Kevin Lunog presented their mental health clinic waitlist reduction strategy. A copy of the strategy is attached. Kral thanked the Committee for inviting them and indicated that they had spent a lot of time discussing the wait list to see a psychiatrist. This pertains to individuals who do not have options for psychiatric care other than the County. Kral stated that Lunog had compiled the data and it was refined and put into this presentation.

Kral stated that the waiting list as it stands right now has grown a bit and they are receptive to the idea and continue to work on the idea that they can do better. Lunog added that the chart on Page 1 of the handout shows that the openings and closings are very similar and this has helped the wait list stay around the three month period. So far in 2012 there have been more admissions than discharges.

Page 2 of the handout highlights some of the strategy in how it is intended to move forward in reducing the wait list and Kral stated that Lunog has already started revising and using the time of the people on staff as effectively as possible. One of the ways this will be done is to try to reduce or eliminate cancellations and no shows. They are also looking at using a medication group because this helps to consolidate services and deliver services to more than one consumer at a time to better utilize the prescribers' time. They are also evaluating how to allocate resources that are currently available in order to get the most time available and Kral

indicated this is being done by working on strategies to utilize APNPs (advanced practice nurse practitioners) and other people capable of prescribing psychotropic medications but not with the psychiatric credentials and backgrounds. This would potentially create more hours available to serve consumers within the existing budget.

Kral stated that Page 3 of the presentation is a snapshot of the intake and initial appointments as of the current time. January and February, 2013 are already booked up and March, 2013 is almost full. Lunog pointed out that they have approximately 51 new people coming in every month and these people will need approximately 17 hours every three months down the road to come back in for medication checks. With seeing approximately 51 new people each month that require approximately 20 minutes every three months on an ongoing basis, there is about 60 hours per month of shortage based on the data available for prescriber time.

On Page 4 of the handout, it is indicated that increased provider time is anticipated in 2013 and Kral explained that this will come in the form of an APNP with psychiatric experience working in the clinic for an educational internship beginning in late summer. Lunog added that the County is lucky with the doctors that we do have and indicated that one of the part-time doctors has agreed to add another day of service to the County.

Page 5 of the packet shows a basic snapshot on what prescriber caseloads of existing staff look like. Kral stated that 2012 is different than in the past and the waiting list has grown because normally discharges and admissions of patients have tracked on a fairly similar curve but this year has been different. Robinson asked why this is and Lunog said he does not have a clear cut answer but part of it is definitely economy related and issues are more chronic and a bit worse in nature which results in clients being in treatment longer and caseloads filling up quickly.

Shoup added that one of the things that has been focused on over recent years is an emphasis on engagement skills by the provider staff. This is important to this population because engagement is so crucial as there is a tendency to drop off once the people start feeling better. Shoup stated there are a lot of resources spent on time and training with engagement skills and he felt to that extent it is a good thing in the sense that they are retaining patients who are often hard to treat.

La Violette thanked Kral and Lunog for the presentation and stated she did not find a wait time of 3.5 months to be appropriate. She asked what would be needed to get the wait down to a month and indicated that she would like them to come up with a strategy to achieve that goal.

Robinson stated that he was very pleased about the child abuse and neglect summit referred to earlier and felt that this needs to be the main focus at this time. Having said that, what he likes is local government taking a role in marshaling the forces beyond our purview because issues are always bigger than what government can deal with. He would like to know if there is a point in which the Committee can play a role in reducing the wait list. Lunog stated part of the reason they see so many people is due to the lack of resources for people with Medicaid or no insurance. Lunog stated that there is a group that gets together with various providers in the community that works together to find a way to all share in this. Robinson stated that sometimes mental health or mental illness issues are the source of a lot of other issues we must deal with in other parts of our society such as homelessness and criminal/jail issues. Robinson felt that the cost to the community of untreated mental illness is great and he wondered if there

was a way to quantify in some form or fashion the need for increased resources in the Human Services area to offset the costs incurred in other areas.

Shoup responded by saying that he believed to some extent if it were possible to take a more objective view to healthcare, and in particular the Affordable Healthcare Act, that reduces partisanship there are ways that the State of Wisconsin could be helpful. One feature of the Affordable Healthcare Act would raise eligibility to 132 percent of the poverty level for childless adults. The cost of raising that eligibility would be covered by the federal government. Shoup continued that currently there is a lack healthcare coverage for the heart of the population that is served through Human Services as they are often childless adults that do not have health insurance nor are eligible for Medicaid. Shoup felt that there are no perfect solutions, but there is opportunity with state and federal government as well as local government to talk about some of the issues and advocate for certain things. When people do not have appropriate access to healthcare, they are treated in the most expensive manner such as in the emergency room. Shoup also stated that he is a middle of the road person but feels that government needs to be efficient and government cannot cure all the public and society woes, but they still have to be very careful and fiscally conservative as well as smart in the long run.

Supervisor Haefs wanted to know what an acceptable wait list time would be. He felt that three months sounded horrible but he wanted to know what an appropriate wait time would be. He felt that a goal could be set which could then be taken to the County Board along with what the funding for the goal would be. Haefs felt that the County Board has been very miserly for the last several years and felt that budget things should be happening all year long. If this waitlist is not acceptable to Human Services, then Human Services would need to tell the Committee what they need. Haefs also wanted to know if the wait list is getting worse or holding steady and finally if the services offered are offered regionally or only to County residents.

Lunog stated that the services they provide are available to County residents only. As far as Haef's question as to what is an acceptable wait time, Shoup said that he was asked at the budget meeting the same question and he said that if the wait can get down to about three weeks to one month, it would be pretty close to appointments on demand. Getting the wait list down to three weeks to a month is a reasonably good standard in Shoup's opinion. Secondly, as far as how to achieve or what is needed to achieve this, Shoup stated that they believe that that goal is achievable over the course of the coming months and he would estimate probably by mid-year they can get to this level. Kral felt they could get it under trajectory by mid-year and they are expecting quite a boost in late summer/early fall when the nurse practitioner begins her internship and can serve Human Services in that role.

Robinson felt like the intern that will be coming in late summer or early fall may be a temporary solution and asked if they felt like they will have a regular rotation of interns. Lunog stated that the particular intern they are speaking of will be working on her doctorate and they are currently trying to work with her to work with Human Services and move her from an internship into a more permanent position.

Evans echoed what La Violette and Haefs said in that the Committee and the Board needs to be kept apprised of what is needed in this situation.

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to approve strategy. Vote taken. MOTION CARRIED UNANIMOUSLY

7. Financial Report for Community Treatment Center and Community Programs.

Finance Manager Tim Schmitt stated that they are still on target to have a surplus in Community Programs. CTC is expected to have a deficit of approximately \$150,000.

Motion made by Supervisor Haefs, seconded by Supervisor Robinson to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

8. Statistical Reports.

- a. **Monthly Inpatient Data – Community Treatment Center.**
- b. **Monthly Inpatient Data – Bellin Psychiatric Center.**
- c. **Child Protection – Child Abuse/Neglect Report.**
- d. **Monthly Contract Update**

Motion made by Supervisor Robinson, seconded by Supervisor La Violette to receive and place on file Items 8 a, b, c & d. Vote taken. MOTION CARRIED UNANIMOUSLY

9. Approval for New Non-Continuous Vendor.

Motion made by Supervisor La Violette, seconded by Supervisor Haefs to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

10. Request for New Vendor Contract.

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Aging & Disability Resource Center – No agenda items.

Syble Hopp – No agenda items.

Veterans Services – No agenda items.

Other

11. Audit of bills.

Motion made by Supervisor La Violette, seconded by Supervisor Haefs to pay the bills. Vote taken. MOTION CARRIED UNANIMOUSLY

12. Such other Matters as Authorized by Law.

A discussion was held regarding whether to hold a December meeting. All Committee members were in agreement that they did not feel a December meeting was necessary. Evans stated that there would not be a meeting held in December but encouraged Shoup to contact him in the event any issues arose that need action prior to the January, 2013 meeting.

Motion made by Supervisor La Violette, seconded by Supervisor Haefs to adjourn at 7:10 p.m.
Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

Executive Director's Report to Human Services Committee

November 28, 2012

Alternative Protocol Initiative. This initiative will divert 6 to 12 juveniles annually from placement in the state correctional system. As we have reported earlier, this would involve a partnership between our department, the Office of Sheriff, and likely CESA 7 to provide a local treatment disposition in the Brown County Juvenile Detention Facility in lieu of incarceration at Lincoln Hills Juvenile Correctional Facility. Brown County Human Services is responsible for all costs associated with state correctional placements. We anticipate the juvenile court diverting a significant number of juveniles to this alternative service, saving approximately \$100,000 a year. Implementing this alternative will require a resolution by the County Board to allow placement in Juvenile Detention for up to three months. The resolution is included in the agenda and will require action by the Committee

New Psychiatrist joins CTC. Dr. Brian Eggner has been appointed to the medical staff at the CTC. He previously served as staff psychiatrist at North Central Health Care Facility in Wausau, WI. Prior to that he worked for Aspiris Health Care System, also headquartered in Wausau. He started with us in early October.

Food Share Award to Economic Support Unit. For the third year in a row, our Economic Support Unit earned a perfect error rate award from the USDA for administering the FoodShare program.

Anti-Fraud Pilot Project Proposal RE FoodShare Program. We have not heard any further response from the Wisconsin Department of Health Services since we presented our proposal for a pilot project that would expand our anti-fraud activities throughout the Bay Lake Consortium that is led by Brown County Human Services. I have recently requested an update from the leadership of the department but have yet to receive a response.

Family Care Update. We have heard nothing further from the Wisconsin Department of Health Services as to the implementation of Family Care in Northeast Wisconsin. County Executive Streckenbach was able to have a brief conversation with Governor Walker yesterday (November 27, 2012) regarding the matter. Governor Walker was not able to provide any certainty at this time.

Respectfully Submitted,

Brian Shoup
Executive Director

Outpatient Numbers 2011

(most recent full-year data)

- Scheduled Appointments: 7,640
- Total Active Outpatients: 3,819
- **Wait List:** approximately 3 months waiting to be seen for a psychiatric evaluation
- Rates of initial non-attendance also increase with time when there is a delay between the referral (or scheduling) and the actual appointment (*Grunebaum et al, 1996; Gallucci et al, 2005*)
- Rates of follow-up non-attendance increase with delay between assessment and treatment (*Jackson et al, 2006*)



Brown County Outpatient Clinic Waitlist Reduction Strategy

- Continue tracking and identifying trends in cancellations or “no shows” to appointments which maximizes service delivery.
- Explore expanding the medication group and other ideas to effectively use the prescriber time.
- Further evaluation and exploration to enhance and maximize the resources available.

Scheduling of Initial Appointments

- January 2013- 51 intakes scheduled
- February 2013- 57 intakes scheduled
- March 2013- 39 intakes scheduled to date
- Openings for intakes
- January – 1
- February -0
- March – 4
- April is being scheduled now.

* A limited number of emergency appointments are kept open each month. A transition medication group meets twice a month to help patients maintain medication compliance while waiting for an intake appointment.

Prescriber time in 2013

- Increased provider time is anticipated in 2013.
- One of the part-time doctors has agreed to adding another day in service to the county.
- A community APNP with psychiatric experience will be working in our clinic for an educational internship in late summer.
- Options of how to allocate available resources for maximum services are being actively explored.
- We will lose one day per month from another prescriber so 1-2 initial appointments will be lost.

Prescriber case load numbers

- Outpatient prescribers who see patients more than 20 hours per month serve between 299 and 680, depending on the number of hours they practice in the clinic.
- An APNP working an average of 9 hours per month has a caseload of 25.
- The clinic has seen 777 new clients so far this year and has discharged 413.